

Name
in
Full

Ann Rebecca Brooks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

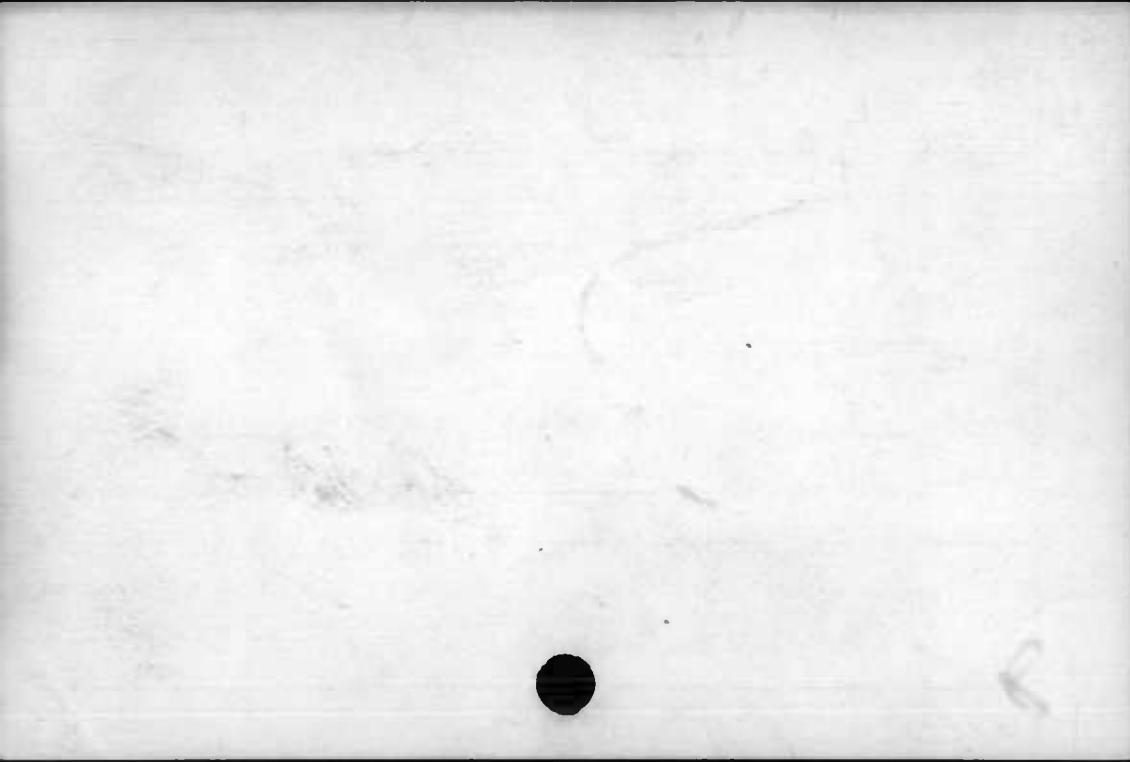
Died at <i>near Laurel</i>		Town <i>Howard Co.</i>		County		MARYLAND	
Date of death	1907	Month	12	Day	20	Age	7
Sex	female	Color or Race	Colored	Birth-place	Laurel, Md.	Months	7
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Ed. Brooks			Father's Birthplace	Md.		
Mother's Maiden Name	Lassie Howard			Mother's Birthplace	Laurel, Md.		
Name of person giving information	Lassie Howard			How related to deceased	mother.		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	2 months
Immediate	Heart failure	How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Dr. R. C. Horley
		Address	Laurel, Md.
Accident or Suicide?			



Name In Full

Certificate of Death

Garfield Brown

Died at Hammon Town

Howard County

MARYLAND

Date 1907 Dec 4 Month Day Y M D Age about 40 Ind Native of Labau Occupation

Male White - Married 13 Widowed Divorced

~~Female~~ Colored Single Number of children living

Husband of

Wife

Father's

Name

Mother's Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Hammon I Bell Coroner

Address

Alt Ridge Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
cf _____

Seen by Coroner Amey L. Bell
cf Elmer. Ridge *and*

Information contained in this certificate re-
ceived from _____

of _____

Name
in
Full

Samuel Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} High Bridge ^{County} HowardDate of death 1907 ^{Month} Dec ^{Day} 6th ^{Years} 73 ^{Months} 11 ^{Days} 4Sex Male Color or Race Blk Birth-place MaOccupation Laborer Where Residing if not at place of death High BridgeMarried, Single or Widowed yes Name of Wife or Husband Ann ClarkFather's Name Thomas Clark Father's Birthplace MaMother's Maiden Name Ann Kiser Mother's Birthplace MaName of person giving information Ann Clark How related to deceased Wife

CAUSES OF DEATH

164

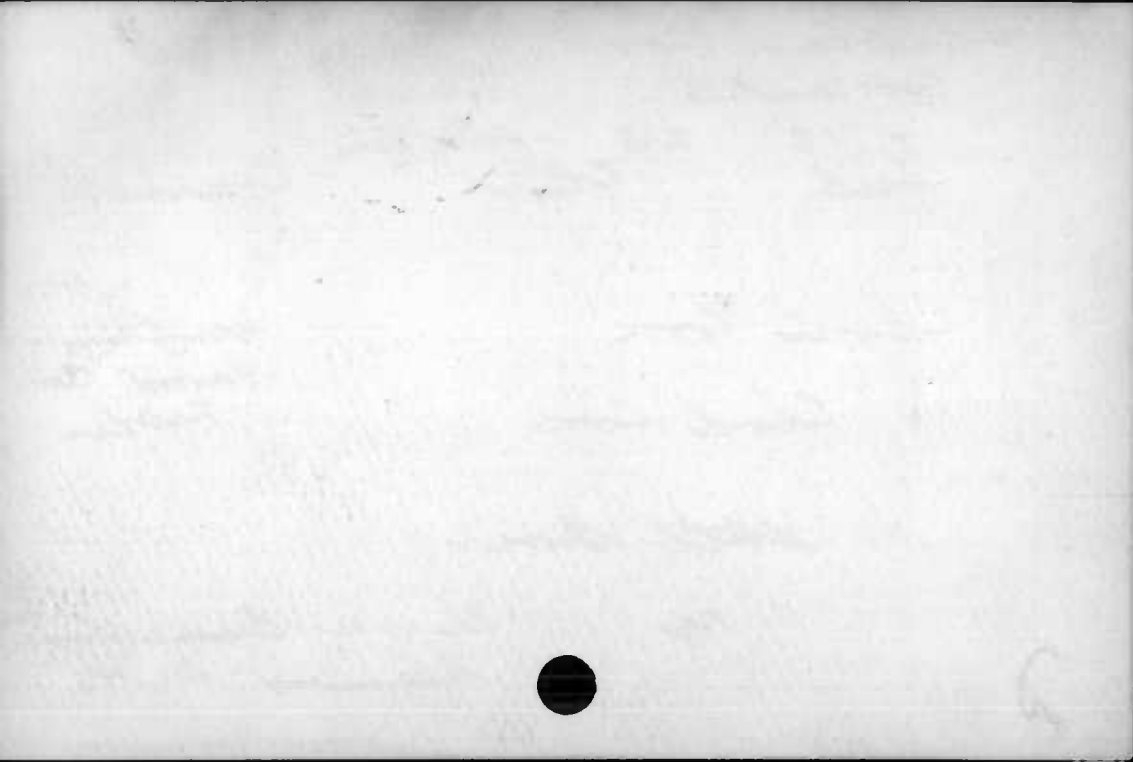
Primary Absopley How long 2 weeksImmediate Paralysis How long 2 weeksAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

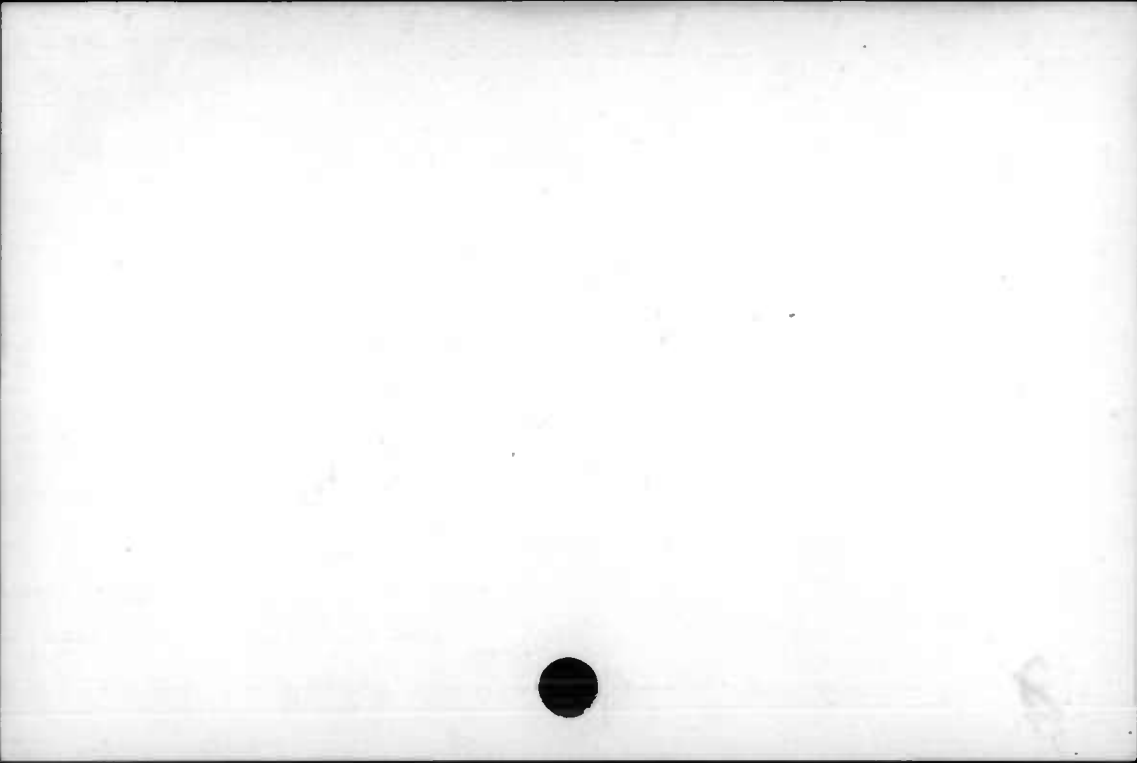
Address

L. P. Dwyer
Lancaster, Md.

Accident or Suicide?



Name in Full		Ann S. Clark				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		Savage		Howard			
		Date of death 1907		Month	Day	Age	Years	Months	Days
		12		10		66			
		Sex	Female	Color or Race	White	Birth-place	Md.		
		Occupation	Housewife		Where Residing if not at place of death		Savage		
		Married, Single or Widowed	Married		Name of Wife or Husband		Wm. P. Clark		
Father's Name	Emanuel Phelps		Father's Birthplace		Md.				
Mother's Maiden Name	Caroline Steenson		Mother's Birthplace		Md.				
Name of person giving information	Henry T. Clark		How related to deceased		Son				
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Chronic Anemia		How long			
		Immediate		Heart Failure		1 year			
		Are the name, age, sex, color, date and place correctly given above?		yes		How long			
		Signature of Physician		W. L. Dickinson		progressive			
Address		Savage		Md.					
Accident or Suicide?		Neither							



Name
in
Full

Shadreck Cook

CERTIFICATE OF DEATH

Town Cornville County Howard MARYLAND

Died at Cornville

Date of death | 90 7 | Month 12 | Day 22 | Age still born | Years | Months | Days

Sex Male | Color or Race Colored | Birth-place Cornville

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name Charles Cook

Father's Birthplace Montgomery Co

Mother's Maiden Name

Mother's Birthplace Howard Co

Name of person giving information Charles Cook

How related to deceased Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Wm. Eichelsberg

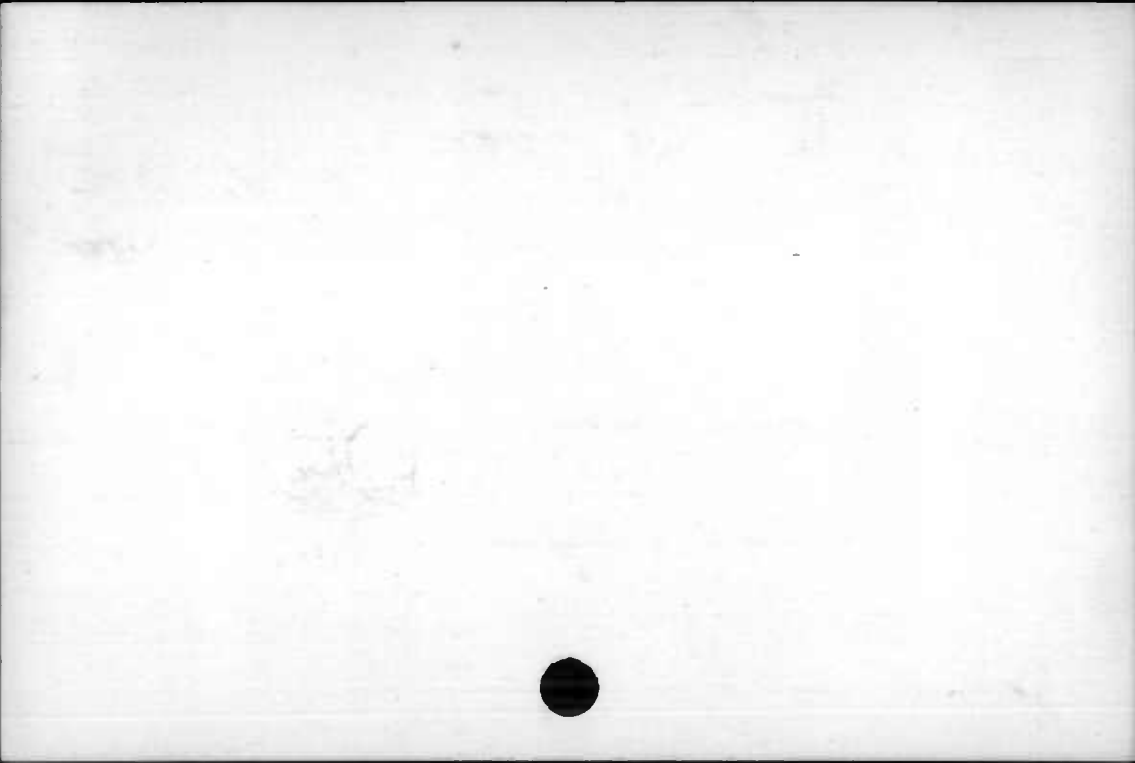
Address

Blauvelt Ave

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William Fowler Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

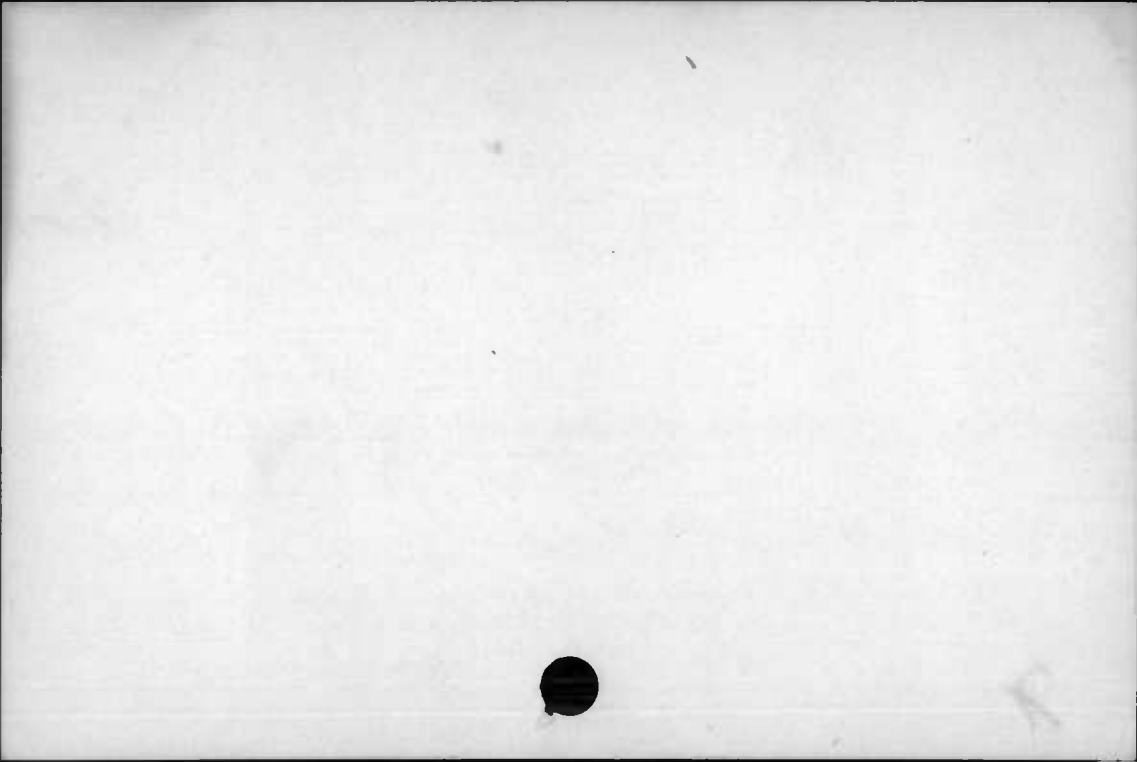
Died at <i>Trinity Church</i> ^{Town} <i>near</i> ^{County} <i>Howard</i>		MARYLAND	
Date of death	1907	Month	Dec
	Day	22	Age
	Years	68	Months
Sex	male	Color or Race	white
Birth-place	Virginia		
Occupation	Minister		
Where Residing if not at place of death	resided at home of daughter		
Married, Single or Widowed	married	Name of Wife or Husband	Hannah C Gardner
Father's Name	Wm Collins Gardner		Father's Birthplace
Rhode Island		Mother's Birthplace	Virginia
Mother's Maiden Name	Eliza Francis Barenore		How related to deceased
Name of person giving information		Wm C Gardner	
		son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Arterio sclerosis with heart disease</i>		How long	<i>several years</i>
Immediate	<i>same</i>		How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>Arthur Williams</i>		
Address		<i>Elk Ridge Road</i>		
Accident or Suicide?		no		



Name
in
Full

Mary Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

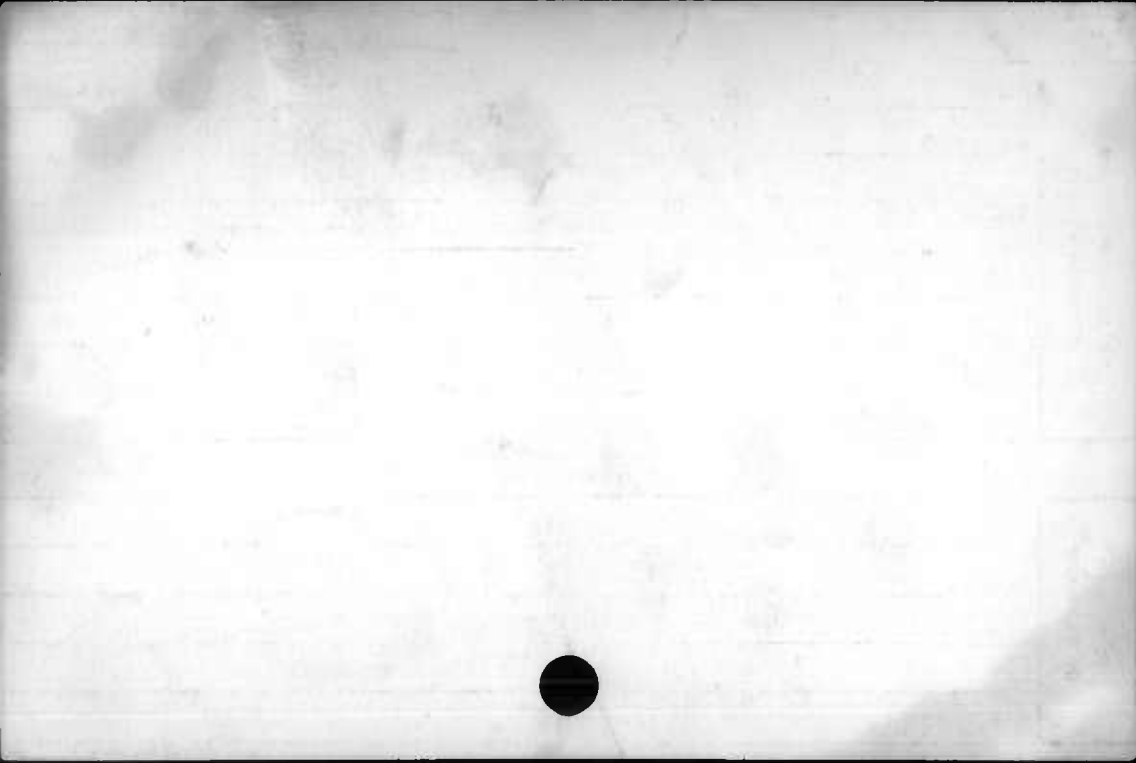
Died at <i>Guilford</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>1</i>	Age <i>40</i>	Years <i>5</i> Months <i>6</i> Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Montgomery Co</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles Green</i>		Father's Birthplace <i>Howard Co</i>			
Mother's Maiden Name <i>Alice Green</i>		Mother's Birthplace <i>Montgomery Co</i>			
Name of person giving Information <i>H. A. Penny</i>		How related to deceased			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral apoplexy</i>	How long
Immediate <i>Inanition</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas E. Trumbleson</i>
	Address <i>Guilford Md</i>
Accident or Suicide? <i>no</i>	



Name
in
FullCatharine Alice Grimes
Town
New Friendship
County
Howard

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1907

Month

11

Day

10

Age

Years

44

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

George W. Grimes

Father's
Name

John I. Hyatt

Father's
Birthplace

Md.

Mother's
Maiden Name

Miss Corle

Mother's
Birthplace

Md.

Name of person giving
Information

Mrs W. Grimes

How related
to deceased

Husband

CAUSES OF DEATH

159

Primary

Gunshot

How long

Immediate

How long

Instantaneous

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

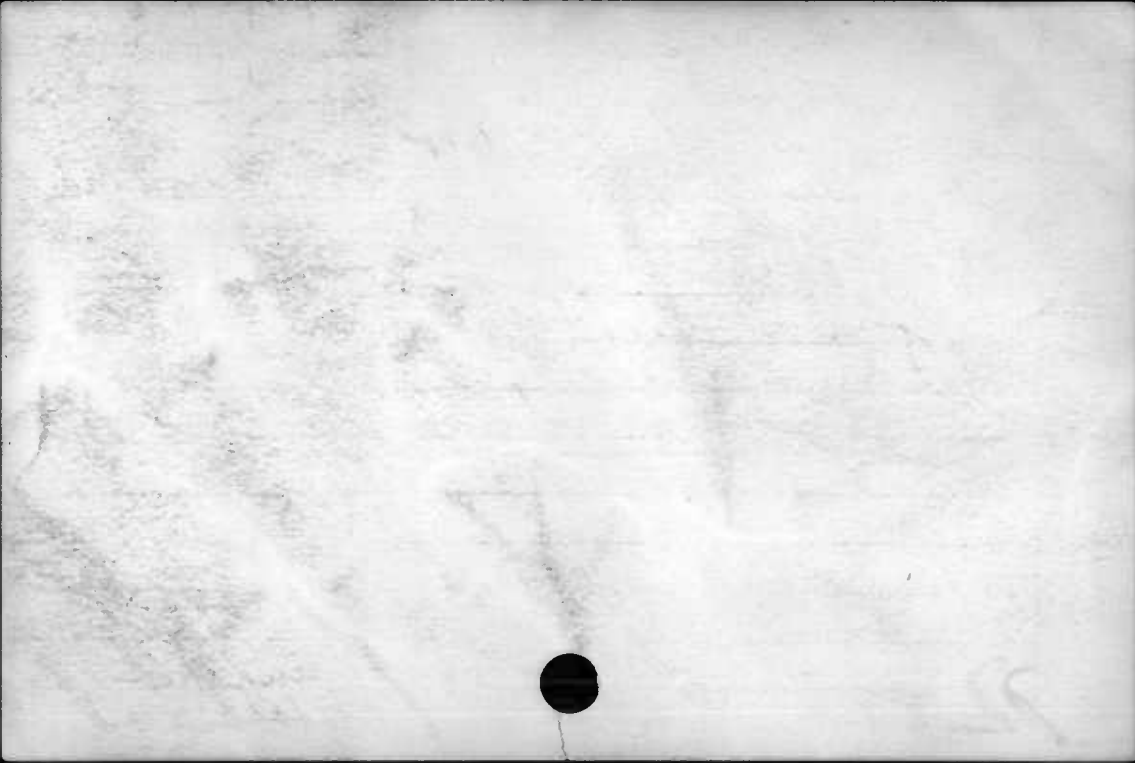
Address

J. M. Keagy

Accident or Suicide?

Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Harmon (Unnamed infant)

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Ridge</u>		Town <u>Harvard</u>		County		MARYLAND					
Date of death	1907	Month	Dec	Day	23	Age	—	Months	—	Hours	9 hours
Sex	Male		Color or Race	White		Birth-place	Md.				
Occupation	— none —				Where Residing if not at place of death	<u>Bel Ridge</u>					
Married Single or Widowed	Name of Wife or Husband			—							
Father's Name	<u>Joseph E. Harmon</u>					Father's Birthplace	<u>Virginia</u>				
Mother's Maiden Name	<u>Ethel L. Morris</u>					Mother's Birthplace	<u>Virginia</u>				
Name of person giving Information	<u>Joseph E. Harmon</u>					How related to deceased	<u>Father</u>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Premature infant</u>	How long	—
Immediate	<u>Asphyxia</u>	How long	<u>9 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Wm R. Eversman</u>
Yes		Address	—
<u>8</u> Accident or Suicide?		—	

WYLLIE WYLLIE

4th COORDINATE
3-2-2012

Name
in
Full

Edward B. Heibel

CERTIFICATE OF DEATH

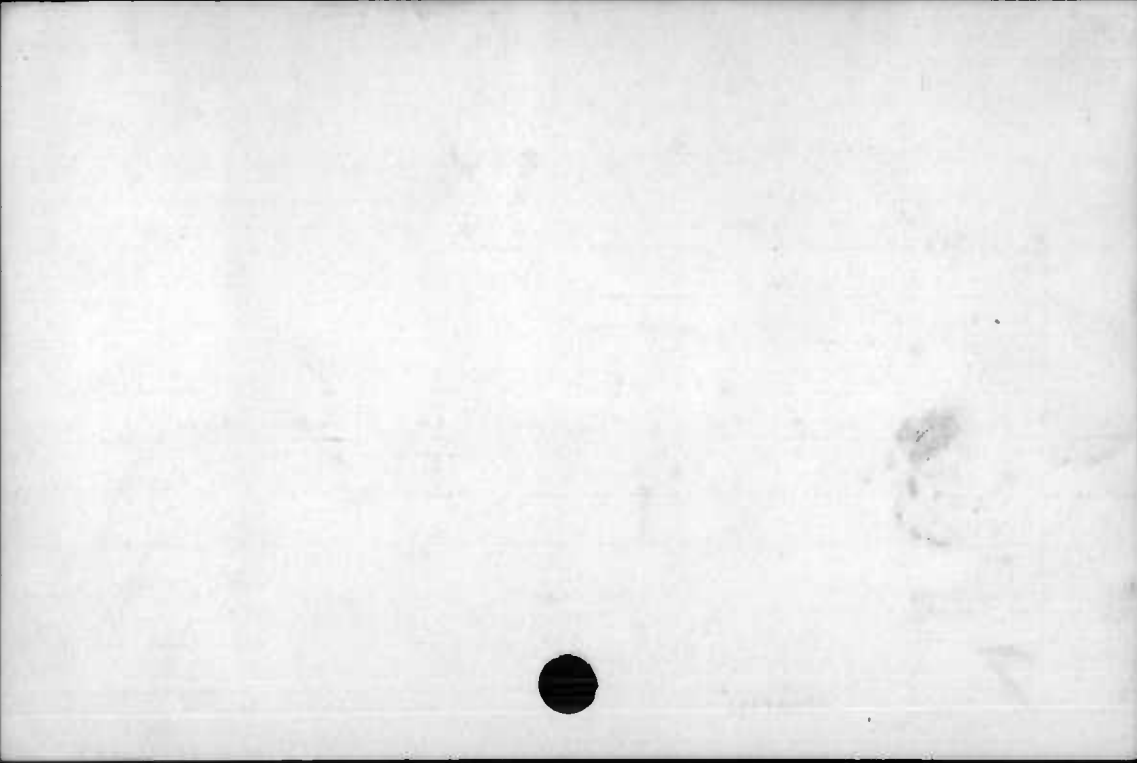
MARYLAND

Died at <u>Elchester</u> Town		<u>Howard</u> County	
Date of death	<u>1907</u> <u>Dec</u> <u>5</u>	Age	<u>25</u> <u>Years</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>
Occupation	<u>Student</u>	Where Residing if not at place of death	<u>Pennsylvania</u>
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>
Father's Name	<u>Not known</u>	Father's Birthplace	<u>Not known</u>
Mother's Maiden Name	<u>Not known</u>	Mother's Birthplace	<u>Not known</u>
Name of person giving information	<u>Rev. Paul Hubner</u>	How related to deceased	<u>None</u>

CAUSES OF DEATH

27

Primary	<u>Tuberculosis of Lung</u>	How long	<u>2 yrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. B. King</u>
Address	<u>[Redacted]</u>		
Accident or Suicide	<u>No</u>		



Name
in
Full

✓
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant James</i>		Town <i>Columbia</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Columbia</i>		Month <i>Dec</i>		Day <i>2</i>		Years <i>—</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>2</i>		Years <i>—</i>	
Sex <i>male</i>		Color or Race <i>Wh</i>		Birth-place <i>Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>sg</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Joseph James</i>		Mother's Maiden Name <i>Elizabeth Carroll</i>		Name of person giving information <i>" "</i>		How related to deceased <i>mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

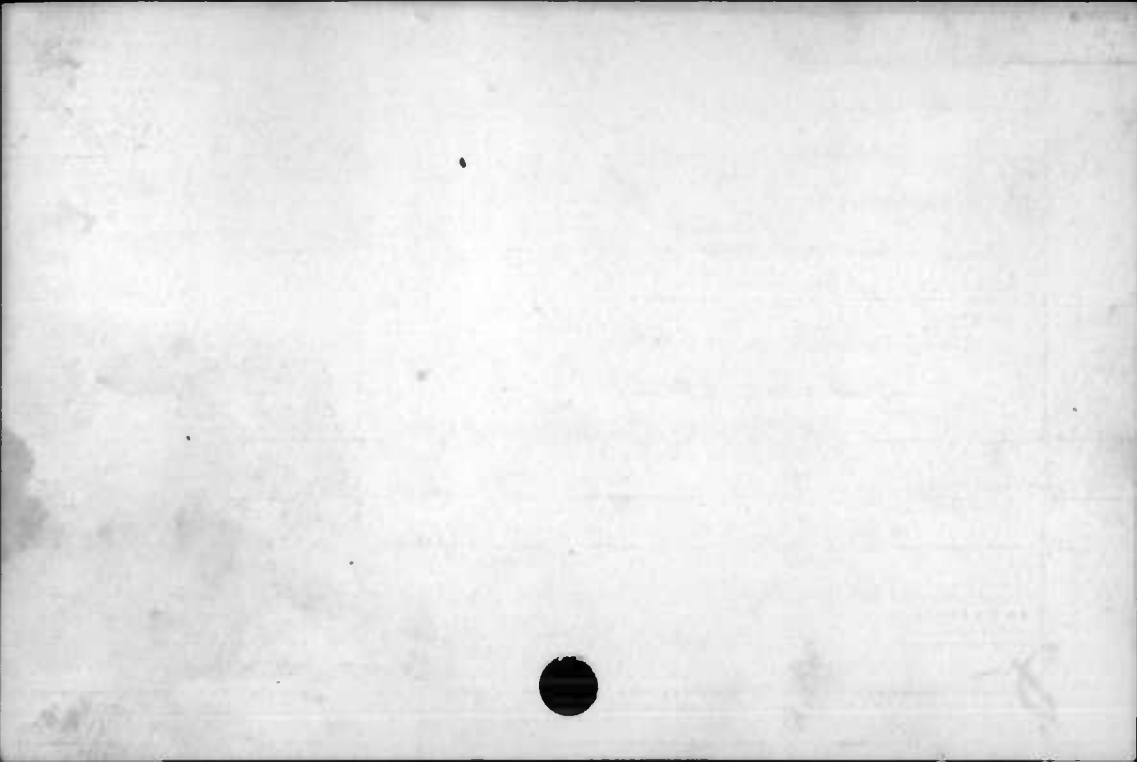
Primary <i>Still born</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. C. Shinn</i>	
		Address <i>Ellicott City</i>	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>Leontonia Atwell Mayfield</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		STATE <i>MARYLAND</i>	
Died at <i>Ellicott City</i>		Month <i>Dec.</i>		Day <i>12</i>		Age <i>57</i>	
Date of death <i>1907</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>					
Married, <i>Yes</i> <i>Married</i>		Name of Wife or Husband <i>William F. Mayfield</i>					
Father's Name <i>Daniel F. Atwell</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Sarah Booth</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>William F. Mayfield</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							
Primary <i>Cerebral Hemorrhage</i>		How long <i>4 hours</i>					
Immediate <i>—</i>		How long <i>—</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. W. B. Brown M.D.</i>					
Address <i>Ellicott City Md</i>							
Accident or Suicide? <i>No</i>							



Name
in
Full

Harrist. Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>alpha</u> Town		County <u>Howard</u>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Dec</u>	Day <u>14</u>	Age <u>about 73</u>	Years <u>grs</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Howard Co Md</u>		
Occupation <u>House-servant</u>			Where Residing if not at place of death <u>at her home</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Widowed</u>			
Father's Name <u>not known</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>Wm M Brandenburg</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>3 weeks</u>
Immediate <u>Coma</u>	How long <u>about 3 days</u>

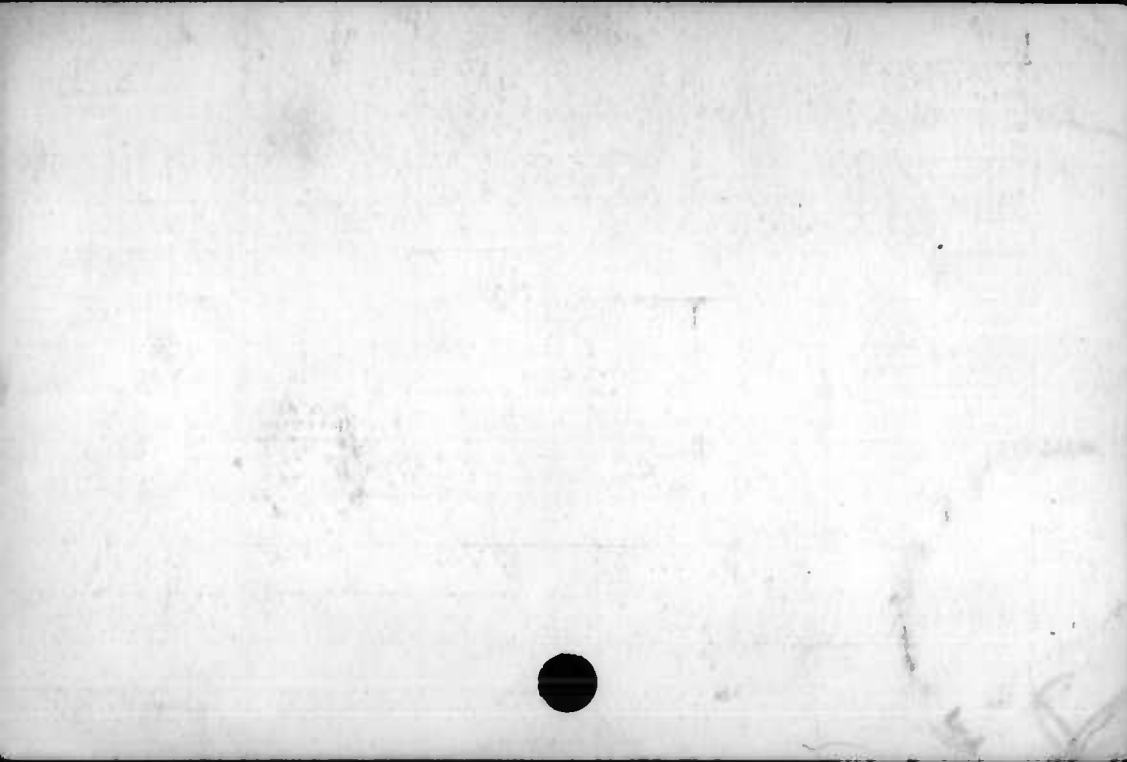
Are the name, age, sex, color, date and place correctly given above? as near

Signature of Physician

Address

Benj. F. Shupley M D
alpha
Howard Co Md

Accident or Suicide?



Name
in
Full

Mrs. Georgie Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

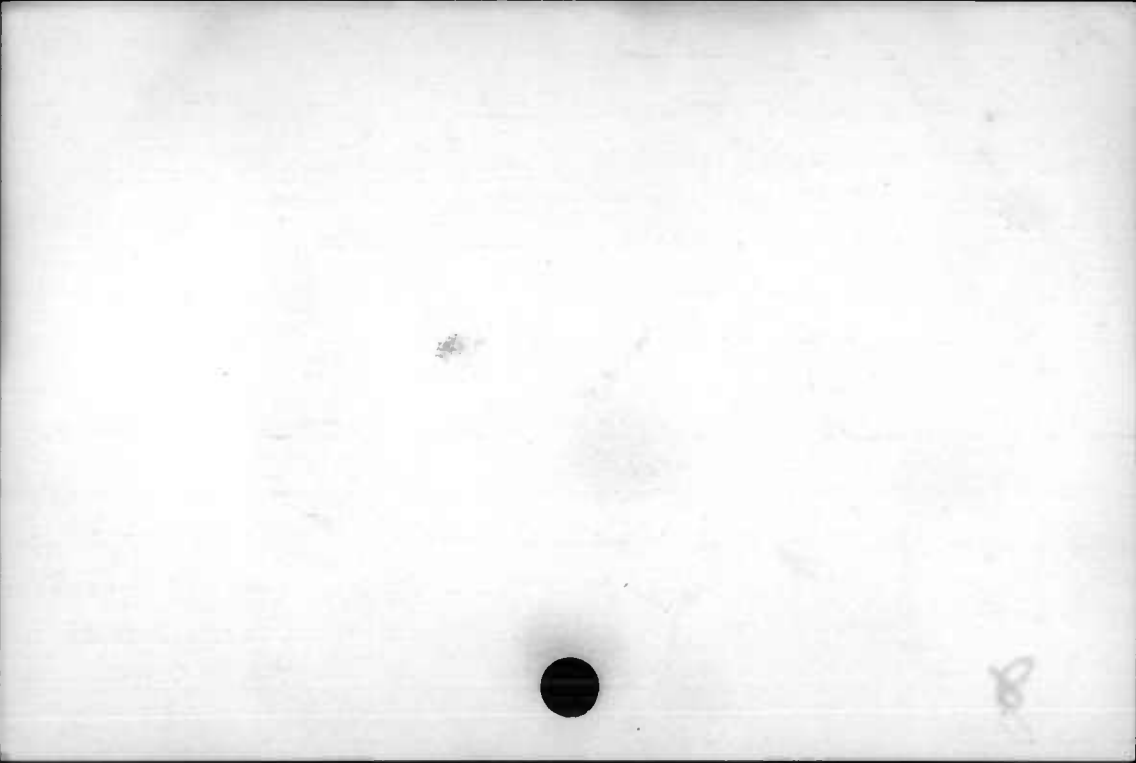
Died at		Town Savage		County Howard		MARYLAND	
Date of death	1907	Month on	Day 30	Age	Years 43	Months	Days
Sex	female		Color or Race	white		Birth-place	Ta
Occupation	Housewife		Where Residing if not at place of death		Savage		
Married, Single or Widowed	widow		Name of Wife or Husband	James H. Riley			
Father's Name	Isaiah Davis					Father's Birthplace	Va
Mother's Maiden Name	Francie Davis					Mother's Birthplace	Va
Name of person giving information	Jessie Riley					How related to deceased	daughter

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs		How long	14 years
Immediate	Exhaustion		How long	progressive
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. H. Hutchinson M.D.		
Address		Savage Md		
Accident or Suicide?		mistake		



Name
in
Full

Henry H Sandman Sanman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

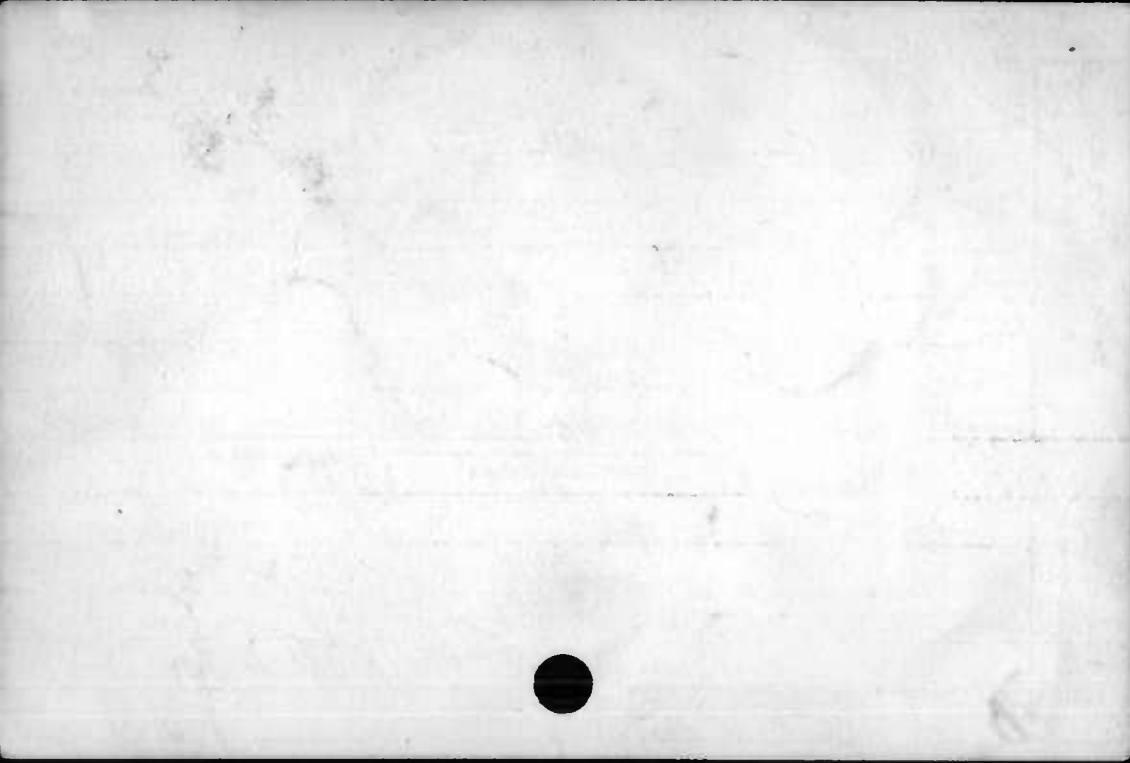
Died at		Town Elk Ridge		County Howard		MARYLAND	
Date of death	1907	Month 12	Day 25	Age 57	Years	Months 4	Days 25
Sex	Male		Color or Race	White		Birth- place	Germany
Occupation	Farmer			Where Residing if not at place of death Home			
Married, Single or Widowed	Married		Name of Wife or Husband	Eustine Bonny			
Father's Name	George Sanman					Father's Birthplace	Germany
Mother's Maiden Name	Dora Knorr					Mother's Birthplace	"
Name of person giving In formation	Henry T Sandman					How related to Deceased	Son

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Heart failure	How long	about 2 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Harrison Tompkins
gus		Address	Elk Ridge Md
Accident or Suicide?			



Name
in
Full

Blanche Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

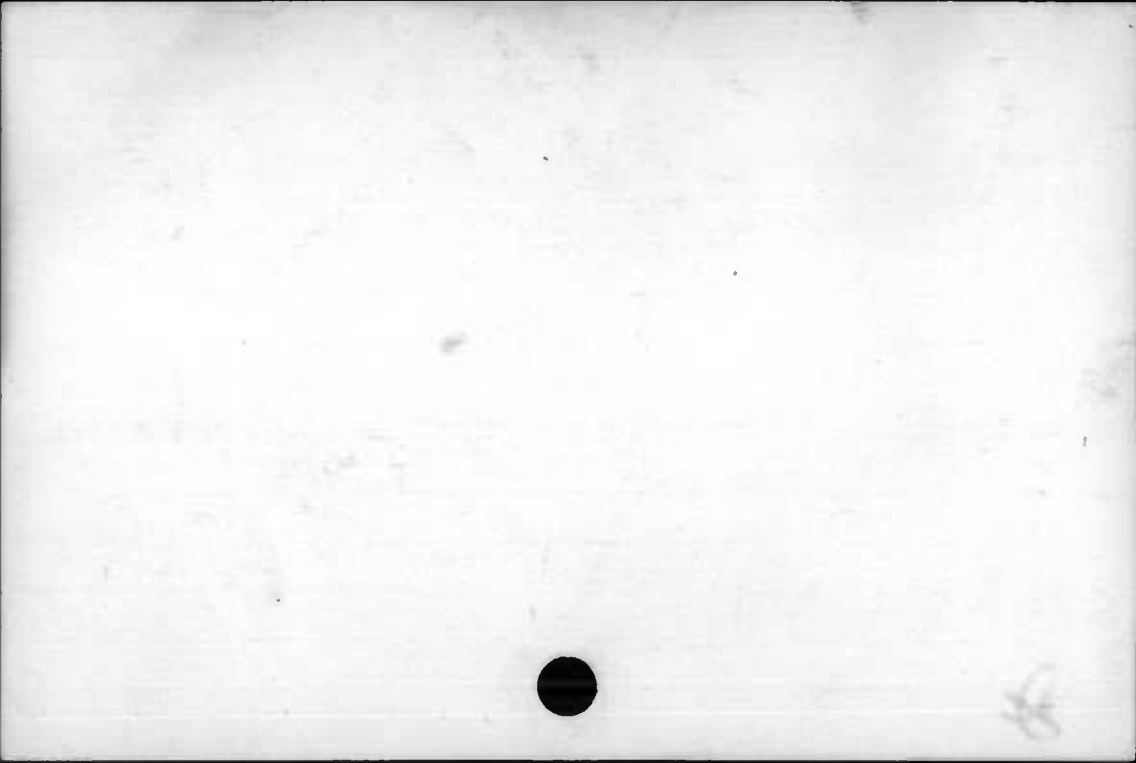
Died at		Town Lussump		County Howard		MARYLAND	
Date of death 1907		Month 12	Day 16	Age	Years 1	Months 8	Days 4
Sex Fem	Color or Race negr		Birth-place Md.				
Occupation Lussump		Where Residing if not at place of death Lussump					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name John Turner				Father's Birthplace Va			
Mother's Maiden Name Maggie Parker				Mother's Birthplace Va			
Name of person giving information Kali Simon				How related to deceased friend			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Anaemia	How long	4 weeks
Immediate	Exhaustion	How long	progressive
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. L. Williams, M.D.	
		Address Savage Md.	
Accident or Suicide? No			



Name
in
Full

James Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

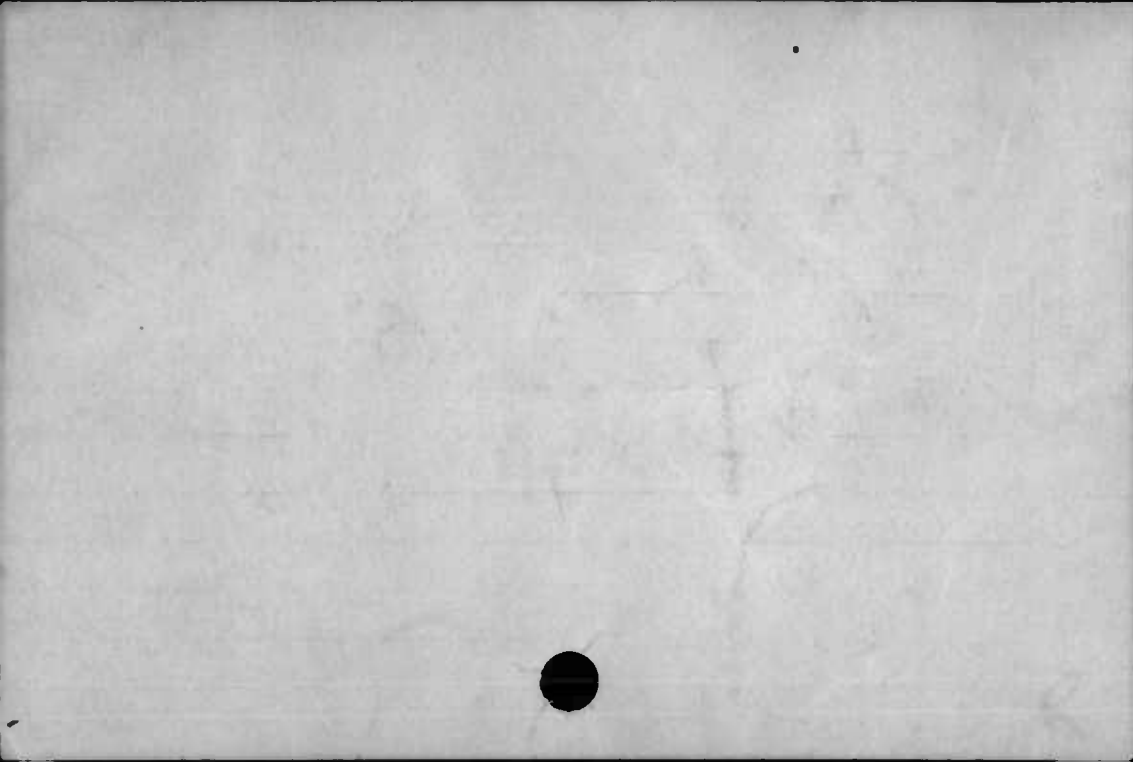
Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	1907	Month <i>Dec</i>	Day <i>21</i>	Age	Years <i>24</i>	Months <i>no</i>	Days <i>no</i>
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth- place	<i>Maryland</i>
Occupation	<i>Labor</i>			Where Residing if not at place of death			<i>Ellicott City</i>
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Emma Washington</i>			
Father's Name	<i>James Washington</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Bessie Washington</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Bessie Washington</i>				How related to deceased	<i>mother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>consumption</i>	How long	<i>6 months</i>
Immediate	<i>transition</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. J. Byrne</i>
	<i>B. J. Byrne</i>	Address	<i>Ellicott City</i>
Accident or Suicide?			



Name in Full

Unknown

Certificate of Death

Died at *Town* *Hammer* *County* *Howard* *MARYLAND*

Date *1907* *Dec* *4* *Y.* *M.* *D.* *Age* *about 40* *Native of* *Ind* *Occupation* *laborer*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living*

Husband
of

Wife

Father's
Name

Mother's
Name

166

Cause of *Primary* *R. R. Accident*

How long sick

Death *Immediate*

Accident, Suicide, Homicide

Reported by *Harry Bell* *Coroner*

Address *Elk Ridge Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

Henry L. Bell
Elk Ridge

Md

Information contained in this certificate re-
ceived from _____

of _____